SUPPORT FOR THE HEALTH WORKFORCE PLANNING AND FORECASTING EXPERT NETWORK

# DENMARK

## HEALTH WORKFORCE PLANNING

**PLANNING SUMMARY**

Denmark is regularly applying time-series monitoring and regression analyses. The quantitative forecasting model is based on a simple method and is flexible as projections are re-assessed by qualitative assumptions. The projections are discussed in the frames of a broad stakeholder dialogue. The planning process regulates both admission to training and specialisation, as well as residency positions. The number of training positions is distributed centrally and regionally in the five Danish regions.

**PLANNING SYSTEM**

Based on registration and health insurance data, the Danish Health Authority produces health workforce planning reports projecting the supply of physicians, dentists, clinical dental technicians and dental hygienists on short (3-5 years) and long (25 years) term projection horizons. Physician and dental care committees organise assemblies for relevant stakeholders, to provide opportunities for dialogues aimed to tailor admissions to training processes and facilitate proper distribution of specialisation and residency positions.

**PLANNING GOALS**

The goal of the Danish planning process is to monitor the evolution of the health workforce and regulate the training quotas with a view to, meeting the future needs.

## HEALTH WORKFORCE DATA

### SUPPLY DATA

**Individual data:** head count of health workforce, qualification, medical specialisation, age, retirement.

**Aggregated data:** unemployment and geographical distribution of health workforce.

### DATA SUPPLIERS

- Authorisation Register (Autorisationsregistret) - licensed to practice data, managed by the Danish Patient Safety Authority
- Occupation Register (Beskæftigelsesregistret), managed by Danish Statistical Office and providing data through tax information and social security services
- Human resources reports from hospitals
- Danish Statistical Office (Danmarks Statistik)
- Danish Regions, responsible for healthcare at local level

### DEMAND DATA

- Demographic data (e.g. population size),
- Information on health consumption from both health professionals and organisations from the five Danish regions.

### MOBILITY DATA

**Inflow:** foreign born and foreign data available for all registered professions.

**Outflow:** Denmark relies on the OECD database to monitor the outflow of physicians and nurses. Qualitative data from different stakeholders is also taken into account.

## CURRENT AND FUTURE CHALLENGES

→ Managing geographical distribution and optimal healthcare coverage in both urban and rural areas in Denmark is a constant challenge. Denmark manages imbalances between medical specialties by reinforcing general practitioners' gatekeeper role within an optimal distribution of generalists and specialists. In addition, based on the last calculations, Denmark identified an urgent action for improving the nursing coverage. A recent agreement between the Danish Government and Regions dedicates 900 million DKK for 2020-2021 to recruit 2500 nurses for the hospitals.

→ Ageing population and demographic growth require improvements in the healthcare system and up-/reskilling the health workforce. Additionally, e-Health should be implemented including e-Consultation for elderly patients, therefore increasing digital health literacy of the population is a crucial emerging need.

→ Denmark intends to develop healthcare along with the main goals of providing a high quality of care, a geographical equality and a stronger collaboration for implementing digital health. The national strategy aims to enhance patient empowerment and fostering data sharing, which might impact the demand for new health professions.

# HEALTH WORKFORCE POLICIES

| Policy category | Details | Impacted professions |
|---|---|---|
| Manage shortages and maldistribution of skills | The Ministry of Health created a framework to ensure proper distribution of health professionals in all areas of the country. In 2018 the Ministry decided to increase the training quota in general medicine specialisation. | |
| | In 2020, a funding has been agreed between the Government and the Regions for recruiting 2500 full time nurses. | |
| | The initiative to conduct e-consultations through the app called "Min Læge" (My doctor) has been put into operation among general practitioners starting with elderly patients. | |
| Improving performance | Health facilities and professionals are managed at regional level. Jointly with the Ministry of Health, they conduct close monitoring, consolidated through national health goals. | |
| | Denmark eHealth strategy 2018-2022 with the quote "One safe and coherent one health networks for all" ensures patient partnerships, knowledge management and quality among the top priorities. | |
| Address mobility | No policy reported. | |
| Education, enrolment and recruitment | The Minister of Children and Education decides the maximum training quotas, based on recommendations from the National Health Authority. The number of training positions is distributed centrally and regionally. | |
| Education staff & infrastructure | Denmark has a framework of specialist training programmes evaluated by both trainees from the different medical specialities and inspectors appointed by the Danish Health Authority. | |
| Continuous professional development (CPD) | The continuous development of professional skills, knowledge and competence of health professions is legally required but not enforced. Diligence of employers (i.e. the five Danish regions) and professionals is expected. | |
| Regulation of private sector | Both public and private sectors are regulated according to a common framework of finance, performance and staffing. | |
| Working conditions | The state and the social partners produce collective agreements as tools for joint management of the wages and working conditions. | |

PHYSICIANS DENTISTS PHARMACISTS NURSES AND MIDWIVES ALLIED HEALTH PROFESSIONS

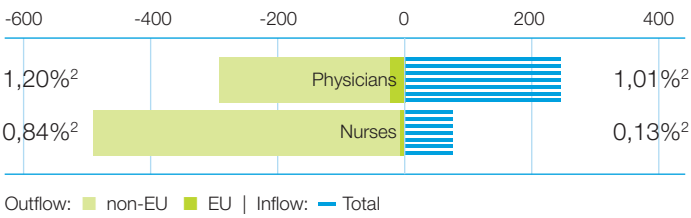
# HEALTH WORKFORCE STOCK AND MOBILITY

**Table 1: Health workforce stock and replacement**

| | Physicians[1] | Nurses[1] |
|---|---|---|
| Total stock 2018 | 24.301 | 58.509 |
| Stock 55-64 years 2018 | 4.801 | Not reported |
| Graduates 2018 | 1.335 | 2.587 |

1 Practising

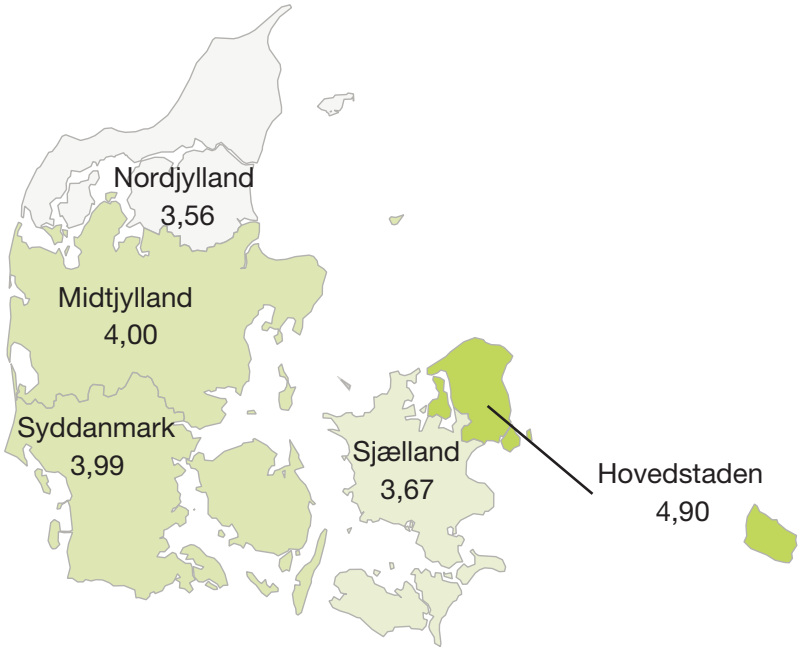
**Figure 1: Mobility level in absolute numbers (2018)**




2 % of the practising physicians and nurses

# HEALTH WORKFORCE DENSITY AT SUB-NATIONAL LEVEL

Figure 2a: Number of practising physicians per 1.000 inhabitants (regional distribution latest data available, 2018)



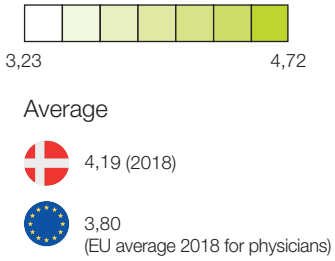
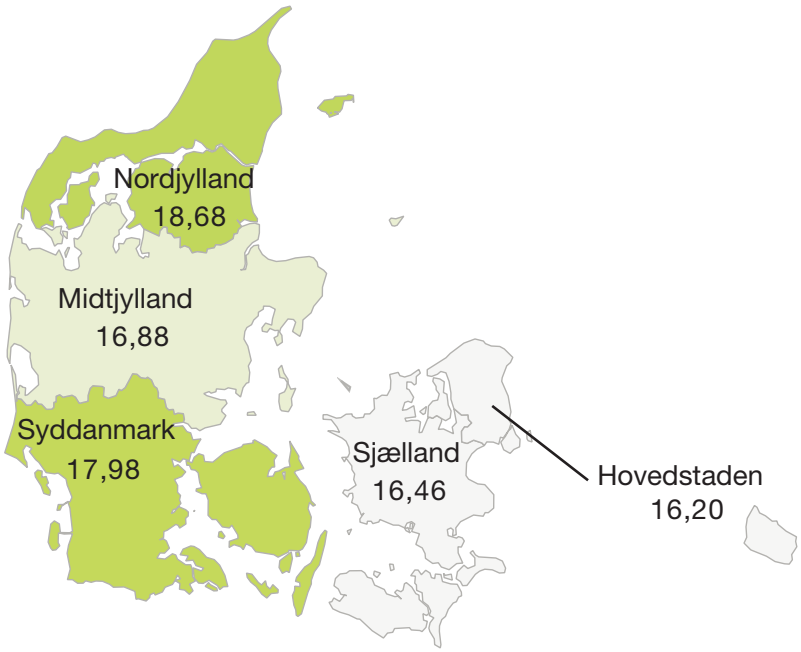
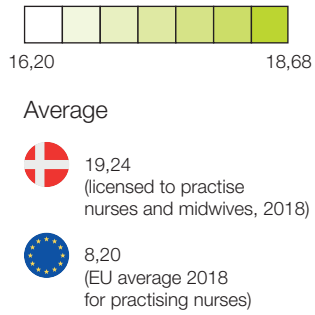




Figure 2b: Number of licensed to practise nurses and midwives per 1.000 inhabitants (regional distribution latest data available, 2014)

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